FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:15

DOCUMENT # **S42493** **(4)**

1. Corporation Name
NU SUSHI, INC.

Principal Place of Business
1312 N UNIVERSITY DR
CORAL SPRINGS FL 33071-6623

Mailing Address
1312 N UNIVERSITY DR
CORAL SPRINGS FL 33071-6623

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1991
3a. Date of Last Report: 01/25/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0254305 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
LONERGAN, DAVID J.
3046 BIRD AVE
MIAMI FL 33133-4518

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St., ZIP
DP	AZUMA, YUJI	1312 N UNIVERSITY DR	CORAL SPRINGS FL
D	AZUMA, EMIKO	1312 N UNIVERSITY DR	CORAL SPRINGS FL
D	SHIMOURA, SHINICHI	1312 N UNIVERSITY DR	CORAL SPRINGS FL

13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS — ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate, complete and does not mislead, for the purposes of sections 607.0505 and 607.1508, Florida Statutes. I further certify that I have read the instructions to this annual report or supplemental annual report, that all required fees have been included, and that my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in an annual report or supplemental annual report is a violation of Chapter 607, Florida Statutes, and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: 1/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

0114007 CP